



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN <u>66005182</u>	DATE OF INSPECTION <u>04-29-2010</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1100 SW Smith St, Blue Springs</u>	TIME OF INSPECTION <u>1654</u>

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- ☒ DVM TEST: (.350 ± .150) .382
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK
- ☒ CHARACTER DISPLAY TEST OK
- ☒ PRINT TEST (PRINTOUT ATTACHED) OK
- ☒ TIME AND DATE 1658 hours 04-29-2010
- ☒ CALIBRATION CHECK —
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
 - ☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 - ☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <u>.097</u>	TEST 2 <u>.096</u>	TEST 3 <u>.095</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34° ± .2°C) <u>34.0°C</u>		
<input checked="" type="checkbox"/> PERFORM RFI TEST (PRINTOUT ATTACHED) <u>OK</u>		
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)		

REFUSALS	8	0-.04	1	.05-.09	0	.10-.14	3	.15-.19	4	Over .19	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Buth Labs, 0.10% solution, lot #09220, exp: 07-27-2010
Operating within D.O.H. standards. Bottle #572

INSPECTING OFFICER

SIGNATURE <u>Mindy McClure</u> #1771	PRINT NAME <u>Mindy McClure</u>
TYPE II PERMIT NUMBER EXPIRATION DATE <u>820226 / 07-25-2010</u>	TELEPHONE NUMBER <u>(816) 228-0150</u>



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1199 percent (w/vol) ethyl alcohol. The expiration date for this lot number is July 27, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

BLUE SPRINGS POLICE DEPARTMENT
INTOXILYZER / ALCOHOL ANALYZER
HQ MODEL 5000 SN 66-005182
04/23/2010

DIAGNOSTIC TEST 16:57

FRONT CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

Test

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Murder #177

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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EMI

SN 66-005182
E735.23
INVALID TEST
INHIBITED - RFI

04/29/2010
17:01

test

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

mmclure #177

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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CMI inc.

BLUE SPRINGS POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005182
04/29/2010

TEST	%BAC	TIME
AIR BLANK	.000	16:58
CAL. CHECK	.097	16:59
AIR BLANK	.000	16:59
CAL. CHECK	.096	16:59
AIR BLANK	.000	17:00
CAL. CHECK	.095	17:00
AIR BLANK	.000	17:01

NO RFI PRESENT

Test
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

mmclure #1771
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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CMI
INC.

SN. 66-005182
E735.2304/29/2010
16:57

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde
 ABCDEFGHIJKLMNOP
 ABCDEFGHIJKLMNOPQR
 ABCDEFGHIJKLMNOPQRSTU
 ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde

test

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

mm/clue #1771

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MINDY CARTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 07/25/08
Number 820226
Expires 07/25/2010

MO 580-0771 (7-88)

Eric C. Pollock

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT


Before me, the undersigned authority, personally appeared Officer Mindy McClure, who being by me duly sworn, deposed as follows:

My name is Officer Mindy McClure. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am custodian of the records of the Intoxilyzer 5000, serial number 66-005182. Attached hereto are four (4) pages of records from the Blue Springs, Missouri Police Department. These pages of records are kept by the Blue Springs, Missouri Police Department in the regular course of business, and it was in the regular course of business of the Blue Springs, Missouri Police Department with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are the original or exact duplicates of the original.



MELISSA S. COLLINS
My Commission Expires
June 17, 2012
Jackson County
Commission #06580212

 #1771

Officer Mindy McClure
Type II Permit 820226
Expiration 07-25-2010

In witness whereof, I have hereunto subscribed my name and affixed by official seal this
17 day of June, 2012



Notary Public